

216021754  
100431

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

2	Total Number of Vehicles	Local No./ District 200	Agency Case No. B6-046952	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/28/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY  Amended  05/29/2016  LATITUDE  LONGITUDE
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1537	POLICE NOTIFIED 1537	
B 72	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S. 84TH ST		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		EIGER DR				
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 03	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02037904			STATE (Of License)	NE
V1/N 2	DRIVER	JOAN E BUCKWALTER			PHONE	402-440-1470
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP 7124 PHOENIX DR, LINCOLN, NE 68516			DATE OF BIRTH (MM / DD / YYYY)	05/01/1942
G 4	OWNER	JOAN E BUCKWALTER			PHONE	402-440-1470
H 2	OWNER ADDRESS	CITY, STATE, ZIP 7124 PHOENIX DR, LINCOLN, NE 68516			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/O 2	LICENSE PLATE PA NO.	STZ551			YEAR (Plate Expires)	2016
V2/O 2	VEHICLE	2010	MAKE	Honda	MODEL	CIVIC
I 1	VEHICLE ID NO. (VIN)	2HGFA1F81AH519762			COLOR	red
J 01	TOWED TO	101 CHARLESTON ST			TOWED BY	CAPITAL TOWING
K 02	TOWED TO	101 CHARLESTON ST			TOWED BY	CAPITAL TOWING
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	G50000866			STATE (Of License)	NE
V1/P 1	DRIVER	PATTI J FIERSTEIN			PHONE	402-438-5169
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 1250 S 25TH ST, LINCOLN, NE 68502			DATE OF BIRTH (MM / DD / YYYY)	06/22/1954
J 01	OWNER	PATTI J FIERSTEIN			PHONE	402-438-5169
H 2	OWNER ADDRESS	CITY, STATE, ZIP 1250 S. 25TH ST, LINCOLN, NE 68502			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB503826
V1/Q 1	LICENSE PLATE PA NO.	SNU588			YEAR (Plate Expires)	2016
V2/Q 1	VEHICLE	2005	MAKE	Ford	MODEL	EXPLORER
I 02	VEHICLE ID NO. (VIN)	1FMZU73E65ZA31473			COLOR	red
J 02	TOWED TO	101 CHARLESTON ST			TOWED BY	CAPITAL TOWING
K 02	TOWED TO	101 CHARLESTON ST			TOWED BY	CAPITAL TOWING
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
1	JOAN E BUCKWALTER	7124 PHOENIX DR, LINCOLN, NE 68516			05/01/1942	01 1 06 4 2 F
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center East (Bryan)			EMS SERVICE NAME Lincoln Fire & Rescue	EMS RUN REPORT NO.
2	PATTI J FIERSTEIN	1250 S. 25TH ST, LINCOLN, NE 68502			06/22/1954	01 1 09 4 2 F
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)			EMS SERVICE NAME Lincoln Fire & Rescue	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

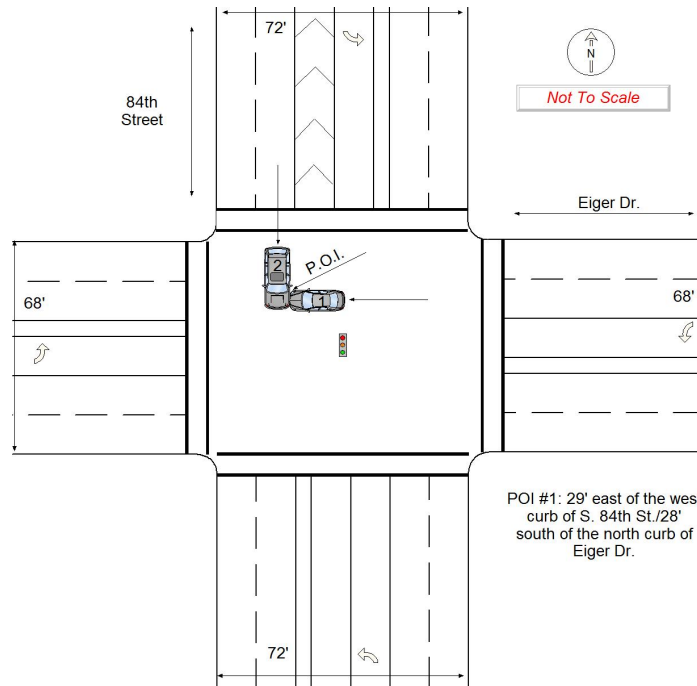
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-046952**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Vehicle #1 was traveling westbound on Eiger Drive, and was stopped at the intersection of S. 84th Street for a red light, when it then entered the intersection of S. 84th Street on a green light and struck vehicle #2. Driver #1 stated, "The light changed to green and I went and then she hit me." Vehicle #2 was traveling southbound on S. 84th Street, in the inside lane of traffic, when it failed to stop for a red light and entered the intersection of Eiger Drive and was struck by vehicle #1. Driver #2 stated, "I don't even remember what happened." Armstrong, witness, stated, "I was going east on Eiger and the light had changed green for us for a couple of seconds and the red SUV just ran the red light." McGowan, witness, stated, "We were right behind her and she was driving all slow, about 25mph, and we were wondering what was going on, and then all of a sudden she just ran the red light and they hit."

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME <b>PATRICIA R ARMSTRONG (09-01-1951)</b>	ADDRESS <b>4201 S. 84TH ST, LINCOLN, NE 68516</b>	PHONE <b>512-791-7087</b>		
	NAME <b>VALERIE A HUENINK (05-15-1951)</b>	ADDRESS <b>3205 TOUZALIN AVE, LINCOLN, NE 68507</b>	PHONE <b>402-464-9622</b>		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	EIGER DR				3		2		Driver No. 1		
2	X				S. 84TH ST				4		2		Driver No. 2		
1	01	06 Turning left			POINT OF IMPACT	01	POINT OF IMPACT	08	1 Deployed - front		1 None used - vehicle occupant		ALCOHOL TESTING		
2	01	08 Entering traffic lane			MOST DAMAGED AREA	01	MOST DAMAGED AREA	08	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 1		
				00 None				3 Deployed - both front/side		3 Shoulder belt only used		Driver No. 2			
				01				4 Not deployed		4 Lap belt only used		Pedestrian			
				02				5 Not applicable/ No airbag available		5 Child safety seat used		ALCOHOL/ DRUGS SUSPECTED			
				03				6 Unknown		6 Child booster seat used		1			
				04						7 DOT approved helmet used		1			
				05						8 Costume helmet used					
				06						9 Restraint use unknown					
				07											
				08											
				09 Top & windows											
				10 Undercarriage											
				11 Total (all areas)											
				12 Other											
				13 Unknown											
OFFICER NO. <b>1513</b>				TROOP/ TEAM/ BEAT <b>5</b>				DEPARTMENT <b>Lincoln Police Department</b>				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) <b>Curtis Wolbert</b>				INVESTIGATOR SIGNATURE <b>Approved by Officer Curtis Wolbert</b>				DATE OF REPORT <b>05/29/2016</b>							

Local No./  
District **200**

Agency	
Case	B6-046952
No.	

STATE USE ONLY

*Amended*

Vehicle  
Codes  
from  
Overlay  
#2

[illegible]

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B6-046952

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	JESSICA J YELM (10-13-1971)	355 9TH ST, UNADILLA, NE 68454			402-805-1269
WITNESSES	NAME	ADDRESS			PHONE
	MARC W MCGOWAN (09-26-1970)	355 9TH ST, UNADILLA, NE 68454			402-601-0521
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1513		5	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Curtis Wolbert			Approved by Officer Curtis Wolbert		05/29/2016